

Final Project Report

To be completed and returned within one week of the service project.

✓ Project Title

✓ Project Leader

✓ How many people were involved in the planning process?

✓ Who was involved in the planning process?

✓ How many volunteers participated in the Inclusive Service Project and how many hours were served?

	Number of Volunteers	Hours Served
Disadvantaged children and youth		
College students		
Veterans		
Baby Boomers, 55+		
Tribal		
Self Disclosed Individuals with Disabilities		
Other - Please List		
Other - Please List		

✓ Summarize the Inclusive Service Project:

✓ Describe the Inclusive Service Project Results:

✓ Describe how the project helped to create a Winter Ready Montana:

✓ Describe the challenges you faced in completing the Inclusive Service Project:

- ✓ If given the opportunity to run a second project, would anything be done differently? Please explain:

- ✓ What was learned about inclusion?

- ✓ Certification of expended funds (spent only within the allowable use of funds)

- ✓ Certification all project activates/terms listed in the application were met:

- ✓ **Attach video and photo's (Include a media release for every person shown)**

AUTHORIZED AGENT TO SIGN CONTRACTS

NAME & TITLE (print): _____

SIGNATURE & DATE: _____

Return the attached application form to:

Governor's Office of Community Service

PO Box 200801

Helena, MT 59620-0801

P: 406-444-9077

E: serve@mt.gov

Emailed, delivered, and mailed submissions are acceptable (email preferred)

